

HONOLULU ETHICS COMMISSION

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768 Email: ethics@honolulu.gov Website: http://www.honolulu.gov/ethics/ THIS SPACE FOR OFFICE USE ONLY

ETHICS COMMISSION RECEIVED

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2020 REGISTRATION

Lobbyist Registration (Type or Print Clearly)

PART I LOBBYIST					
NAME (Last) (First) (Middle)					
Fernandes, Amanda					
LOBBYIST FIRM/EMPLOYER (if applicable)		TELEPHONE			
American Civil Liberties Union of Hawaii Foundation		808-522-5900			
MAILING ADDRESS (No. and Street or P.O Box)		FAX 808-522-5909			
PO Box 3410		EMAIL mfernandes@acluhawaii.org			
(City) Honolulu	(State) HI	(Zip Code) 96801			

PART II.A ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
American Civil Liberties Union of Hawaii Foundation		808-522-5900	
MAILING ADDRESS (No. and Street or P.O. Box)		FAX 808-522-5909	
PO Box 3410		EMAIL office@acluhawa	aii.org
(City) Honolulu	(State) HI	(Zip Code) 96801	
ESTIMATED NUMBER OF MEMBERS	Mot Applicable		
METHODS USED BY MEMBERS TO M	Not Applicable		

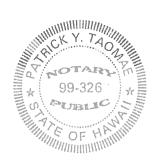
PART II.B NO LONGER LOBBYING			
☐ I am no longer authorized to lobby on behalf of the organization in Part II.A	DATE		

NOTE: This is a public document.

DART III DESCRIPTION C	TE CLID IE	LAO OTO	18/11/01	LVOILEVERST TO LODDY		
PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY						
☐Business & Economic Development	□Community	□Community Services		☐Customer Services		
□Culture & Arts	□Housing	□Housing		□Public Works, Infrastructure & Sustainability		
□Parks & Recreation	□Public Heal	□Public Health, Safety & Welfare		□Tourism		
□Transportation	□Zoning & Planning			□Specific Legislation: □Additional Sheet(s) Attached Bill No(Year) Reso No Admin. Rule No Dept		
☑Other (indicate below): Civil Rig	ghts and Civil Li	iberties				
PART IV LOBBYIST CER	TIFICATIO	N				
I hereby certify that the foregoing statements are true and correct. Minela Illustration 1.7-2020 DATE			Subscribed and sworn to before me This day of By: See attached notary page. NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS My commission expires:			
PART V AUTHORIZATION	I TO LOBE					
NAME Joshua Wisch TITLE OF AUTI REPRESENTE				IZING OFFICER OR PERSON xecutive Director		
NAME OF ORGANIZATION (if applicable) American Civil Liberties Union of Hawaii Foundation		TELF	TELEPHONE 808-522-5903			
			FAX	808-522-5909		
PO Box 3410 EN		EMA	AIL jwisch@acluhawaii.org			
(City) Honolulu	(State) HI (Zip		(Zip	Code) 96801		
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned. (Signature of Authorizing Officer or Person Represented)						

STATE OF HAWAII) SS.
CITY AND COUNTY OF HONOLULU)

The foregoing undated Honolulu Ethics Commission 2020 Lobbyist Registration consisting of two (2) pages was subscribed, sworn to, and acknowledged before me by AMANDA FERNANDES in the First Circuit of the State of Hawaii on this _7th_ day of _January_, 2020.



Patrick Y. Farmae

Notary Public, State of Hawaii

My Commission Expires: 6/30/2023